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ANNUAL REPORT

OF THE

MEDICAL OFFICER OF HEALTH

For the Year 1940.

CYRIL BANKS,

M.D., B.S.(Lond.), D.P.H.(Sheff.),

Medical Officer of Health.

Nottingham:

DERRY AND SONS, LIMITED, PRINTERS.

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HEALTH COMMITTEE MEMBERS

1940 (mid-year.)

LORD MAYOR :—COUNCILLOR WALLIS BINCH.

Chairman :—COUNCILLOR ERNEST PURSER.

Vice-Chairman :—COUNCILLOR W. B. BLANDY, M.R.C.S., L.R.C.P., L.D.S.

ALDERMAN H. BOWLES, J.P.
,, E. A. BRADDOCK, J.P.
,, W. CRANE, J.P.
,, R. SHAW, J.P.
COUNCILLOR R. ARBON.
,, W. J. COX.
,, J. L. DAVIES, B.A., M.B., CH.B., F.R.C.S.
COUNCILLOR H. O. EMMONY.
,, (MISS) GLEN-BOTT, J.P., M.B., B.S., F.R.C.O.G.
,, (MRS.) B. HAZARD.
,, (MRS.) S. JAMES.
,, J. LITTLEFAIR.
,, J. E. MITCHELL.
,, A. E. SAVAGE.

SUB-COMMITTEES

ISOLATION HOSPITAL AND CITY HOSPITAL.

CHAIRMAN.
VICE-CHAIRMAN.
ALDERMAN BRADDOCK.
,, CRANE.
,, SHAW.
COUNCILLOR ARBON.
COUNCILLOR DAVIES.
,, EMMONY.
,, (MISS) GLEN-BOTT.
,, (MRS.) HAZARD.
,, (MRS.) JAMES.
,, MITCHELL.

The Chairman of this Sub-Committee is Alderman R. Shaw, and the Vice-Chairman, Councillor (Mrs.) Hazard.

TUBERCULOSIS AND VENEREAL DISEASES.

CHAIRMAN.
VICE-CHAIRMAN.
ALDERMAN CRANE.
COUNCILLOR COX.
COUNCILLOR DAVIES.
,, (MISS) GLEN-BOTT.
,, LITTLEFAIR.
,, MITCHELL.

MATERNITY AND CHILD WELFARE.

CHAIRMAN.
VICE-CHAIRMAN.
ALDERMAN CRANE.
COUNCILLOR ARBON.
,, DAVIES.
COUNCILLOR (MISS) GLEN-BOTT.
,, (MRS.) HAZARD.
,, (MRS.) JAMES.
,, SAVAGE.

Co-opted Members :—

MISS W. GIBSON.
MRS. M. MARSDEN.
MRS. D. RADFORD.
MRS. SANSOM.

OFFENSIVE TRADES.

CHAIRMAN.
VICE-CHAIRMAN.
COUNCILLOR COX.
,, EMMONY.

HEALTH DEPARTMENT STAFF, 1940.

(Condensed List).

MEDICAL.

Medical Officer of Health—

Cyril Banks, M.D., B.S.(Lond.), D.P.H. (Sheff.).

Tuberculosis Officer and Deputy Medical Officer of Health—

John V. Whitaker, M.B., Ch.B., D.T.M., D.P.H.

Assistant Tuberculosis Officer—

Fredk. H. W. Tozer, M.D., B.S.(Lond.), M.R.C.P.(Lond.).

Assistant M.O.H. and Medical Supt., City Isolation Hospital and Sanatorium—

Thomas A. Don, M.B., Ch.B., D.P.H.

Resident Medical Officer, City Isolation Hospital and Sanatorium—

One appointment—held for 6 or 12 months.

Senior Medical Officer, Maternity and Child Welfare—

Isabella M. Harkness, M.B., Ch.B., D.P.H.

Bacteriologist—

Elliott J. Storer, M.R.C.S., L.R.C.P.

Medical Superintendent, Newstead Sanatorium—

Geoffrey O. A. Briggs, M.A., M.B., B.Ch., M.R.C.P.(Lond.), D.P.H.

Medical Officers—

Maternity and Child Welfare.	6 (2 full-time, 4 part-time).
Venereal Diseases.	5 (part-time).
U.V. Ray Clinic.	2 (part-time).
Relief Districts (14).	12 (part-time).
Public Vaccinators.	5 (part-time).

OTHER.

Chief Sanitary Inspector (Alfred Wade, F.R.San.I.)	1
Sanitary Inspectors (all branches)	18
Chief Clerk (Herbert Read) ..	1
Clerks (excluding Hospitals) ..	20
,, Casualty Bureau and Group Officer ..	2
Women Housing Officers ..	5
Vaccination Officers (part time)	2
Health Visitors, Supervisors of Midwives, Tuberculosis Nurses	22
Clinic Nurses, orderlies, etc. (4 part time)	9
City Midwives	31
Hostels for Unmarried Mothers	6
Ultra-violet Ray Clinic ..	2
Bacteriological Laboratory ..	5
Mortuary Attendants ..	2
Office Porter	1
Cleaners	13
General Labourer	1
Venereal Diseases Hospital ..	5
Small-pox Hospital (Caretakers : man and wife)	2
City Isolation Hospital and Sanatorium—	
Nursing .. 44	
Others (F.) .. 37	
,, (M.) .. 19	
—	100

CITY HOSPITAL.

Medical Superintendent—Dr. C. L. C. Crowe.

Deputy Medical Superintendent	1	Male Nurses	11
1st Assistant Medical Officer ..	1	Pharmacists	2
Assistant Medical Officers ..	2	Dispensers	3
Assistant Surgical Officers ..	3	Teachers	2
Obstetrical Officers	3	Masseuses	4
Consulting Physicians* ..	3	Cook, Female	1
Surgeons—General* ..	3	Assistant Cooks, Female ..	6
,, Special* ..	4	Chef	1
Other Medical, etc., Staff* ..	5	Assistant Chefs	2
Steward	1	Assistant Cooks, Male ..	3
Assistant Steward	1	Maids	30
Matron	1	Kitchen Boys	4
Assistant Matrons	2	Seamstresses	7
Ward Sisters	27	Clerks	9
Night Superintendent ..	1	Medical Supt's. Secretary ..	1
Night Sisters	3	,, ,, Typists ..	2
Tutor Sisters	2	Hospital Porters	41
Home Sisters	2	Telephone Operators ..	3
Housekeeping Sisters ..	2	Laboratory Attendants ..	3
Theatre Sister	1	Lodge Porters	2
X-Ray Sister	1	Male Rec. Ward Attendant ..	1
Staff Nurses	29	Female Rec. Ward Attendant	1
Ambulance Nurses ..	2	Linen Store-keeper	1
Probationers	156	Labourers	9
Sub-Probationers	5	Window Cleaners and Sweeps	2
Assistant Nurses	13	Scrubbers	96
Ward Orderlies	48	Kitchen Porters	2
Maternity Pupils	19	Office Boy..	1
Charge Male Nurses ..	2		

* Part-time.

REPORT

OF THE

MEDICAL OFFICER OF HEALTH

FOR THE YEAR 1940.

To the Chairman and Members of the Health Committee.

The Annual Report of the work of the Health Department for the year 1940 resembles that for 1939 in being late in publication and small in size. Its lateness needs no apology in these difficult times; its small size does not imply that the task of producing it has been slight. The fact is that the Report has been produced in full in manuscript, and all the usual tables and explanatory details have been prepared and filed away for use after the War, in accordance with the instructions of the Ministry of Health. In order to save paper and the labour of the printer, all that is published is a somewhat journalistic summary of the reports presented by the heads of the various branches of the Health Department.

Special duties resulting from the War have been considerable. Although the Casualty Service has now been for a long time managed independently of the Medical Officer of Health by a special staff reporting directly to the Controller, it may be recalled that for some years prior to the War, and in the early stages of it, the foundations of that service were laid in the Health Department by unremitting labours which interfered greatly with the normal working of the department.

The work done in connection with the hospital services of the Ministry of Health at the City Hospital itself, at the Casualty Bureau at Huntingdon Street, and in connection with the Civil Nursing Reserve, together with many other war-time functions, have all been carried on in addition to the usual occupations of the various staffs. These ordinary duties have taken new turns and increased size. There have been special problems of infectious disease ; new aspects of maternity and infant welfare services ; the question of war-time day nurseries ; special gas-mask fitting and drill for infants and invalids and abnormal people ; a special watch on the shady side of the food trade ; sanitary problems in connection with air-raid shelters ; the effect of enemy action on public health. The Health Department has thus been privileged to take its share of the extra duties thrown upon the municipality by the War.

The War has held up the building of the proposed new clinic for venereal diseases in Glasshouse Street ; a proposed clinic to be used for infant welfare and school medical purposes in Wilkinson Street, Basford, was not proceeded with. Schemes relating to large extensions at the City Hospital have been held in abeyance, and a much-needed cubicle ward at the Isolation Hospital cannot yet be hoped for. All these are necessary for the efficient carrying on of the services mentioned and should form early items on the programme of the post-war period.

On the other hand we have succeeded in getting the new home for nurses at the Isolation Hospital opened, and building alterations in the administration block completed ; indeed it is fortunate that before the war

the Isolation Hospital had just been brought up-to-date in many other important respects—kitchen equipment, foodstores, laundry and boiler-house. It is pleasing that the building of the new sanatorium for tuberculosis at Newstead has gone on, and although equipment and staffing may provide difficult problems there is every intention to get the place opened in spite of the war.

I am of opinion that the following matters, in addition to the building schemes already mentioned, are among those which will need to be given an early place on the programme after the war :—

(*a*) An improved pathological service for the city, that is to say, greater laboratory facilities for general pathological investigations, bio-chemical work and bacteriology. Every form of laboratory investigation necessary for the diagnosis of a patient's illness, or for keeping a control on treatment, ought to be easily available for every person in the city.

(*b*) Much increased accommodation for children, especially infants, temporarily unable to be looked after by parents ; the Hartley Road Home of the Public Assistance Committee is not commodious enough, and not in all respects suitable for infants, and for these a new and separate home, with garden space, is essential. There is an increasing need for such accommodation so that one or both parents may go into hospital or other institution and feel that the infants can be cared for in their absence.

(*c*) A greater provision in most communities will be required for elderly people who cannot look after themselves and who, therefore, cannot live alone.

This need is arising because people now have smaller families than formerly, and there is less chance of the old folks being able to live with married sons or daughters. The need is not limited to the poor and the authorities may require to make provision for old people who can well afford to pay, but who at present cannot find such accommodation.

(*d*) Extension of district nursing arrangements. At present the voluntary agencies do not cover the entire city with their services, although in this respect there has been considerable extension since the Health Committee gave additional subsidies to provide district nurses for Bilborough, Aspley and Lenton Abbey. It is understood that the law does not authorise a Local Authority to provide its own district nurses, though it may provide funds for voluntary agencies to do so. In my opinion, when conditions allow, the Corporation ought to appeal to Parliament for powers to conduct a municipal service of district nurses, managed from the Health Department, just as municipal midwives are provided. A perfect service of district nurses is an essential, and helps to keep down hospital admissions.

(*e*) Greater co-operation between voluntary and municipal hospitals, and greater State and Municipal provision of funds so that the whole country may be supplied with a sufficient number of hospital beds, the use of which can be regulated to the best advantage ; so that in every part of the country every form of hospital treatment is available for everyone ; so that the hospitals may

not overlap in function or compete for certain types of work ; and so that an end may be put to the amazing system by which great hospitals have to beg pennies in the street on " flag days," or to solicit eggs and vegetables in order to provide food for the sick, who surely have as much claim on the State to be treated as the young have to be educated, (the latter claim having been fully accepted years ago.)

GENERAL STATISTICS FOR 1940.

Inhabited Houses, etc.

Number of inhabited houses, Census 1921	61,876
,, ,, ,, ,, ,, 1931	68,889
,, ,, ,, ,, March 1940	82,250
,, ,, families or separate occupiers Census 1921	63,621
,, ,, ,, ,, ,, ,, 1931	70,740
Rateable value..	£2,128,172
Sum represented by a penny rate (1940-41) ..	£8,283
Rates in the £ (1940-41)..	15/8d.

Population.

It is very difficult to say how many people live in the City of Nottingham now. For purposes of vital statistics the Registrar-General makes an estimate of the *civilian* population, and for 1940 his estimate is 263,600. This is very much lower than previously, as is shown on the following table of civilian populations since 1933 (the year the city was extended) :—

Registrar-General's estimates of population :—

Mid-year	1933	.. 283,030
,,	1934	.. 281,850
,,	1935	.. 280,200
,,	1936	.. 279,400
,,	1937	.. 278,800
,,	1938	.. 278,300
,,	1939	.. 278,800 (for birth-rate purposes)
,,	1939	.. 275,400 (for death-rate purposes)
,,	1940	.. 263,600

Births.

Legitimate :	Males 2,106.	Females 2,005.	Total 4,111.
Illegitimate :	Males 112.	Females 125.	Total 237.
Total births :			4,348.
Birth-rate per 1,000 population :			16·49

This is the highest birth-rate since 1931 when it was 17·16 per 1,000. The Registrar-General has continued the practice of transferring births to the areas of the mother's usual residence, and the number of births based on such an assignment is used above for calculating the birth-rate.

Still-births.

Legitimate :	Males 73.	Females 70.	Total 143
Illegitimate :	Males 6.	Females 8.	Total 14
Total still-births :			157
Rate per 1,000 births (live and still) :			34·85

Deaths.

Males 2,060.	Females 2,012.	Total	4,072
Death-rate per 1,000 population :			15·45

The death-rate was higher than for some years. This is not unexpected, for two reasons. First, because it is calculated on a *civilian* population figure, and the civilian population has been depleted by many of its healthiest and most robust members going into military service. Second, and most important, because in the first ten weeks of 1940 we experienced wintry weather of a very severe character. During this period of bad weather, and presumably because of it, the deaths from bronchitis, pneumonia, influenza and tuberculosis, all increased beyond the usual; the weather was more than many chronic invalids and elderly people could stand. There were 359 more deaths from bronchitis than in the previous year.

Maternal Death-rate.

There were twelve deaths associated with child-birth giving a rate of 2·69 which, though good, was a setback from the very low figure of the two previous years. The rate for England and Wales on the other hand showed a most satisfactory fall.

An analysis of the facts of the local deaths leaves one with the conviction that for the average healthy woman child-birth carries very slight risks in a city with the facilities possessed by Nottingham for midwifery, either in the home or in hospital. Apart from casual fluctuations the tendency of the figures is in the direction of increased safety, as will be seen from the tables.

Deaths from Puerperal Causes.

	No.	Rate per 1,000 (live and still) births. Nottingham.	England & Wales.
Sepsis ..	3	0·67	0·52
Other Causes ..	9	2·02	1·64
Total ..	12	2·69	2·16

The maternal death-rate per 1,000 births (live and still) during the last ten years is given in the following table :—

	1931	1932	1933	1934	1935	1936	1937	1938	1939	1940
Sepsis ..	13	4	7	7	4	5	4	2	2	3
Other causes ..	7	10	9	4	16	15	9	6	4	9
Per 1,000 births	4·1	3·0	3·5	2·4	4·4	4·5	2·8	1·8	1·3	2·7

N.B.—Owing to the classification rules of the Registrar-General, a death 34 years after pregnancy is classified as one of the 12 maternal deaths.

Infant Mortality.

The number of deaths of infants under one year of age, calculated per 1,000 live births, was the lowest ever recorded in Nottingham, being approximately 61. The previous year it was 66, which up till then had been the lowest, the next lowest having been 69 in 1934. This is a very satisfactory feature and was achieved in spite of the conditions of warfare which have not tended towards improved chances of health for the very young.

The table showing the improved safety of life in the first year, as measured by the infantile mortality rate, is so striking that it must be set out at length, whatever else must be cut out of this abridged report. If social conditions had been as dangerous for babies in 1940 as they were in the period 1911-20, there would have been about 275 more deaths of infants under one year than there actually were.

Deaths of Infants under 1 year	261
Rate per 1,000 live births	61
(Legitimate 59 ; Illegitimate 72).	
Average 10 years 1891—1900	182
,, ,, 1901—1910	161
,, ,, 1911—1920	125
,, ,, 1921—1930	89
1931	82
1932	80
1933	85
1934	69
1935	81
1936	89
1937	80
1938	71
1939	66
1940	61

SANITARY CIRCUMSTANCES OF THE CITY.

The staff of the Chief Sanitary Inspector (Mr. A. Wade) has been reduced by the calling up of some of his inspectors and clerks. The work has not lessened in importance, because there are special problems of war-time to be faced, such as housing repairs, overcrowding, lousiness, effect of camp-siting on water purity, effect of bomb damage to water supplies and foodstuffs, co-operation with military on sanitary matters, and other things.

Housing and Sanitary Inspection.

The excessive snow and frost in the early part of the year had a remarkable effect on roofs, eavesgutters, downspouts, and on outside W.C.'s. As a result the inspections to be made under these headings and notices to be served were increased beyond all previous experiences, as shown by the following extraordinary figures extracted from the statistical tables :—

Notices Served.	1939.	1940.
Public Health Acts ..	3,010	6,601
Defective Houses	2,350	5,328
Housing Repairs—		
Roofs	1,053	2,387
Rainwater Conductors ..	910	3,422
Water Supply Repairs ..	20	221
W.C. Repairs	941	2,616

The supplies of the necessary materials were short and labour was employed in other directions, owing to the war, so that in some cases many months elapsed before the necessary repairs to the storm-damaged properties were completed.

Slum clearance activities had to cease owing to the war, which is all the more reason why the proper maintenance of existing house property has to be insisted upon.

Overcrowding has been carefully dealt with, but at the end of the year there were still 44 dwellings overcrowded, there being 298 people belonging to 50 families living in such condition.

The Chief Sanitary Inspector reports on the actual position of slum clearance schemes up to the end of 1940 as follows :—

	Dwellings demolished.	Persons displaced.
In Clearance Areas ..	3,128	10,703
Individual unfit houses ..	2,392	7,718
	5,520	18,421

The sanitary inspectors are finding more of the large old houses near the centre of the city being let out room by room as lodgings ; 146 such places are registered as houses-let-in-lodgings, and they come under supervision. They form one of the most discouraging features of the housing problem, in spite of supervision, with enforced cleansing and decoration. They are mostly unsatisfactory as dwellings.

The position in respect of common lodging-houses is much more satisfactory. As a result of slum clearance schemes all the unsatisfactory common lodging-houses have now been demolished. Two privately-owned houses remain, in addition to Sneinton House (the Corporation's own hostel—truly a model of what such a place should be).

Water Supplies.

The City Water Department and the Health Department maintain close co-operation on questions of water purity. Since the early days of war there has been anxiety because of the presence of military camps and billets in rural areas in which the Water Department has special interests. Water supplies can easily be fouled and rendered dangerous when camps are in the vicinity, unless scrupulous care is exercised in dealing with solid and liquid excreta.

It has been necessary to bring pressure to bear upon the military authorities in order to get done the things which have to be done to protect the city water supplies. Details cannot be given here, but this work has been of importance, for there is nothing more dangerous to a community than foul drinking water.

Air-raids, involving fractures of water mains with broken sewers near by, bring about conditions in which water supplies may become positively dangerous. The Health Department has worked with the Water Department in protecting the public against possible risks. The following advice may prove useful and should be remembered by the public :—

If extensive air-raids have taken place and bombs have fallen, all tap-water should be well-boiled before being used for drinking or cooking. This should be done all over the town until announcements have been made by notices or by loud-speaker van, district by district, saying that boiling need no longer be done. These announcements will be made without delay in districts found to be unaffected.

A substitute for boiling is the addition of a few drops of a solution containing chlorine. The chemists are stocking such preparations and householders would do well to have some handy as a precaution. Directions are usually given on the bottle. The purpose of these precautions is to prevent the spread of diseases often associated with war conditions, such as typhoid fever and various forms of diarrhoea.

Even if a water supply is foul, no one need have typhoid fever. The Health Department doctors will arrange to give two protective doses of T.A.B. vaccine, free of charge, to any city resident who wants protection. This is what is done in the Army and by travellers who go to countries where typhoid is more common than it is here. A post-card to the Health Department will put the arrangement into action, or people may make their own private arrangements with their family doctors.

Food in War-time.

Much has appeared in the Press about diet, and one of the things we may learn during this war is to use the foods which are best for us, instead of some of the things which we have become accustomed to in the past, and which science has now taught us are deficient in value.

White bread, for instance, has deluded us by its fineness and whiteness, and we have become used to this impoverished food. We are now waking up and realising as a nation that bread containing the wheat-germ (in the form of the Government's National Wheatmeal Loaf) contains what we need, and that if the children are brought up on it they will have a much better chance of being robust, healthy people than the white-bread

generation had. We are also finding out that it tastes better and is much more satisfying than white bread, and many of us never want to go back to white bread any more. This and many other lessons we are learning as a result of applying science to our war-time problems.

The sanitary inspector, however, is concerned not with what people *should* eat, but whether the food they are eating is prepared in a clean manner, and whether it is what it purports to be and is free from adulteration.

Meat especially requires inspection during war-time. The inspectors seized 11 stones of diseased meat in one shop, but the case against the person on whose premises the meat was found was dismissed by the Justices.

The butchers in the various slaughter-houses voluntarily surrendered to our inspectors 38,041 stones of meat which was agreed to be unsuitable for food because of the presence of disease, or for other reasons.

The use of dirty vehicles for conveyance of meat and failure to protect the meat during transit have been subjects of prosecution, or, in some cases, of warning letters.

Canned goods, provisions, fish, are also the subject of constant vigilance, while milk and ice-cream are big items in the work of the inspectors.

Under The Food and Drugs Act 1938, 850 samples were collected by the inspectors in a year, and when the City Analyst had reported on them it was found that only 38 were adulterated. 338 of the samples were of milk and 27 of these were below standard.

In view of the excuses given for excess of water or deficiency of fat in milk, it is interesting to note that the average percentage of fat found in the samples was 3·582% (against the standard of 3·0%), and of solids not fat 8·897% (against the standard of 8·5%). So if any milk is below standard, it is also very much more below the *average* of what the cows put out, taking the year as a whole. Magistrates might note this interesting fact.

Legal proceedings during the year concerned "Cheese Spread," margarine cheese, excess of sulphur dioxide in sausages, weak vinegar, as well as the usual crop of milk cases, either for deficiency of cream or addition of water.

Fertilisers and feeding stuffs were sampled to the number of 40 and 11 were found unsatisfactory.

Public attention is drawn to substances now commonly on sale, which purport to take the place of eggs. The labels in some cases are very misleading as they are so worded as to give the impression that the substances actually contain eggs, or else materials possessing the same nutritive qualities as eggs, when really the packets contain little else but coloured flour or baking powder. This is not fair to the packers of genuine dried eggs, and it is a foul form of fraud upon the public in these difficult times. Purchasers should be careful what they are buying. Numerous prosecutions have taken place in different parts of the country.

MATERNITY AND CHILD WELFARE.

This section of the Health Department, under the direction of Dr. I. McD. Harkness, is becoming every year more firmly established among the essential municipal services.

Reference has been made under the heading of " General Statistics " to the satisfactory record of the year 1940, and although it is too much to hope that the infant mortality will continue so low under war conditions, it may be stated that the organisation of the maternity and child welfare department is in such trim as to be able to respond satisfactorily to unusual calls which may be made upon it in the changing circumstances of the times. The following paragraphs give some idea of the work undertaken during 1940.

Half the births in the city were attended by the salaried midwives of the Corporation in the homes of the people. The number of home confinements is falling as facilities for hospital midwifery increase, but there is a great deal to be said for confinement at home in normal cases, now that home midwifery is so closely supervised. The use of the maternity beds in the hospitals is now rather heavy, and it may soon be necessary to insist that normal cases should remain at home where home conditions are good.

City midwives paid 55,126 visits to homes in the course of their duties.

Expectant mothers paid 12,990 visits to ante-natal clinics (1,740 more than in the previous year). The importance of proper supervision and guidance during pregnancy is evidently more fully realised by expectant mothers.

The Corporation paid £733. 0s. 0d. to doctors called in by midwives to complicated or difficult cases of labour. In this particular field the Health Services are thus not taking away the living of private doctors, as is sometimes asserted, for most of the families would not have been able to pay the doctors' bills in full.

Thirty-five cases of inflammation of the eyes of the new-born (ophthalmia neonatorum) were notified, followed up, and treatment procured or insisted upon. They all recovered without any damage to sight. This disease used to be one of the major causes of blindness, but now blindness from it is rare, ever since it became the job of the Health Department to follow up the cases and see that they were put under treatment. This ought to appeal even to those ratepayers who put money first, if they will reckon up what those thirty-five children would have cost the community if they had grown up blind.

Health Visitors paid 31,464 visits to the homes of young children. They go to teach mothers how to keep healthy babies healthy and to look for the first small bad signs in babies who are not thriving. Their work in the homes is even more important than that in the clinics.

Attendances at the infant welfare clinics fell off considerably, due to several factors, notably the winter black-out, temporary shortage of staff, but especially because the Government Cheap Milk Scheme caused a practical cessation of our own dried-milk selling arrangements.

It took us many years to teach mothers that dried milk specially prepared for infant feeding is the next best thing to mothers' milk to feed babies on—especially in homes with no facilities for keeping wet milk properly.

The Ministry of Food cut right across our teaching by introducing a cheap wet milk scheme for mothers and babies. It is true that, later, dried milk became available under the Government Scheme, and we have tried to induce as many as possible to avail themselves of it.

But many are taking raw milk ; they may get it from any dealer, and it need not be *safe* milk. Probably much of it will be far from safe, especially in hot weather, for it is beyond the ability of any Health Department to ensure that all raw milk consumed in its district is clean, safe and free from disease. It remains to be seen what the effect of the Government Milk Scheme will be on infant health.

The Homes for Unmarried Mothers at 1 and 95 Queen's Drive were evacuated to Mansfield early in the war, but returned to Nottingham in March 1940, since when the work has gradually returned to its former dimensions. This is a social work of a difficult but useful character, and of particular value in regard to the health of the babies. The daily crèche is taking on a special usefulness in war-time and is being expanded to meet the needs of women war-workers who wish to leave their babies in a safe place while they themselves go to work.

In addition to the nursery at Queen's Drive the Corporation helps with a subsidy two other local day-nurseries operated by voluntary societies, namely, the one in Heathcoat Street and the one in Pearson Street, Basford.

While such places are a great convenience they have also dangers of their own owing to the serious consequences which may follow outbreaks of infectious disease in children so young. The need for extended facilities for the children of women war-workers has, therefore, to be balanced against the risks.

At the time of writing this Report preparations are being made for a considerable expansion under the War-time Nursery Scheme of the Ministry of Health and Board of Education, now that the need appears to be increasing.

It may also be opportune to mention that the Daily Minders' Scheme, under which the children of war-workers are boarded-out by day or night in suitable homes, under official supervision, has been developed to a considerable extent in Nottingham. These matters are likely to be dealt with more fully in the report for 1941 than in the present one ; they have occupied a great deal of time and attention on the part of the staff of the Health Department.

Birth Control.

Eighty-eight women were referred from various Health Department Clinics for medical reasons to a privately-managed organisation, at 15 Market Street. Of these, seventy took advantage of the scheme at the cost of the Corporation.

This Clinic was closed at the end of 1940 and re-opened at the Adult Schoolroom, Friar Lane, on the 14th July, 1941.

CITY HOSPITAL.

Dr. C. L. Crawford Crowe, the Medical Superintendent, has supplied the usual statistical tables showing the work of the hospital, and these might well form the basis of an extensive report if space allowed, for the capacity of the hospital is 1,184 beds, and its activities are on a very large scale.

The hospital since 1935 has been an "appropriated" hospital in the meaning of The Local Government Act 1929, that is to say, it is conducted by the Health Committee as a general hospital providing treatment under the Public Health Acts and not under Poor Law. In other words the claim for admission is based on a need for hospital treatment, not on poverty. Everyone has to pay according to means, but no one pays more than the average cost per head, while the poor have their charges assessed at little or nothing.

The hospital in war-time is a Ministry of Health Emergency Hospital, admitting civilian air-raid casualties and members of the Forces when sick or injured. In peace-time it admits only city residents, but in war-time its patients from the Forces come from over a wide area, and at any time the hospital might be called upon to admit air-raid casualties or sick people from any part of the country under the directions of the Ministry of Health.

Dr. Crowe has, therefore, had a very difficult task in endeavouring to provide for the city applicants for admission, while also admitting service cases, and, at the same time, keeping a considerable number of beds vacant for air-raid emergencies.

Vale Brook Lodge and the City Hospital work closely together, both being part of the Ministry's scheme.

The hospital is a training-school for male and female nurses. It also trains for Part 1 of the Central Midwives Board Examination, being linked up with the Abel Collin Maternity Hospital* and the City Midwifery Service for Part II training.

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* In May 1941 the Abel Collin Maternity Hospital was taken over by the Health Committee to be conducted as a municipal maternity home (branch of the City Hospital) under the name The Firs Maternity Hospital.

Mention must be made of the great part played by the City Hospital in the formation, along with the General Hospital, of a scheme for the collection and storage of blood for the purpose of blood transfusion.

Some excellent work was done in the enrolment of voluntary donors and collecting from them stocks of blood which can be called upon by any local hospital for use as required. The extension of the scheme to cover the county as well as the city, and the establishment of the scheme, not only for war-time purposes, but to meet the peace-time requirements of all hospitals after the war, received much consideration. The completion of such a scheme, linked up with the Ministry of Health arrangements for the drying of blood plasma for storage and distribution, belongs more to the report for 1941 than 1940. The value of the scheme is immense, and many lives will be saved by this measure.

The staff is enumerated on page 5, the usual list being condensed as a war economy.

The following figures are extracted from Dr. Crowe's report by way of a brief summary of the year's work :—

Averages for the Year.

Beds.	Average daily number occupied ..	713·31
Admissions.	Average daily number ..	21·76
Duration of stay of patients :—		
	Under 4 weeks	5,501
	4 weeks and under 13	1,940
	13 weeks or more	488
Maximum No. of beds occupied, February 13th ..		909
Minimum No. of beds occupied, December 24th ..		594

Statistical Table for Year ended 31/12/40.

Remaining in hospital January 1st ..	635	
Admitted	6,912	
Born in hospital	1,030	
		8,577
Discharged	7,112	
Died	817	
Patients treated to a conclusion ..		7,929
Remaining in hospital 31/12/40 ..		648

Comparative Table for Three Years.

	1938.	1939.	1940.
Admissions	5,953	5,777	6,912
Births	562	929	1,030
Deaths	1,149	979	817
Admissions, average daily number	17·85	18·37	21·76
Operations performed ..	1,464	1,408	1,685

The work of the clinical laboratory has steadily increased during the past twelve months, and material has been received from over 3,000 different patients amounting in all to over 6,000 investigations. The scope of the work has been widened to include such tests as the Widal Test and other sero-agglutination reactions, sulphonamide levels in blood serum, prothrombin-time in blood, etc.

Total No. of patients dealt with — over 3,000.
,, ,, investigations made — over 6,000.

Massage Department.

No. of treatments given .. 24,424

X-Ray Department.

Patients investigated 3,008

Maternity Department.

Confined in hospital—	
Normal	879
Complicated	180
	1,059

Theatre Department.

Total No. of operations ..	1,685

Ambulance Service (per Mr. Gould, Vale Brook Lodge).

Year ended 31st March, 1941.

Mileage	25,364
Cost per mile	13·59d.
No. of patients removed ..	3,586 (previous year 3,301)
No. of journeys	3,135 (,, ,, 2,526)

CIVIL NURSING RESERVE.

On behalf of the Ministry of Health the Medical Officer of Health has continued to direct the local branch of the Civil Nursing Reserve, aided by the valuable advice of the Local Emergency Committee of the Nursing Profession, of which the Chairman is Miss Liddle. The Secretary is Miss Kaye Barter, Gordon House, Carrington Street (Headquarters).

The Reserve consists of three sections, namely, Trained Nurses, Assistant Nurses and Auxiliary Nurses. Trained Nurses and Assistant Nurses are supplied from the Reserve for war-time duties in hospitals, first-aid posts and other places. They include a certain number who voluntarily serve part-time, and some have helped with such activities as diphtheria immunization.

Auxiliary Nurses were trained originally by lecture courses, followed by 50 hours' experience in one of the hospitals, but by a recent re-arrangement they are given an intensive hospital course for two weeks.

Locally an arrangement was made by which the British Red Cross Society officers undertook the training courses for auxiliary nurses, followed by revision courses for those trained but not yet employed. Some of those registered are only available for part-time service, which is difficult to fit into a time-table in hospital. Most of them have not been called up for service, but they may be very useful in certain emergencies. The great need is for those willing to serve as whole-time paid auxiliaries wherever they may be sent. The British Red Cross officers who have been mainly concerned in this big task are Miss P. Smith and Miss J. Crane.

PREVALENCE OF, AND CONTROL OVER, INFECTIOUS AND OTHER DISEASES.

The statistical table, if published would show the following features :—

Scarlet Fever, with 379 notified cases, showed lower incidence than usual, there being about 200 cases less than in the previous year, and about 700 less than in 1938. The greater number occurred during the second half of the year and there was no death from the disease (the Registrar-General shows on his returns one death from nephritis following scarlet fever, but the fever occurred years before).

339 of the cases were admitted to hospital. Very few of them developed any complications, and it is remarkable

how mild scarlet fever has been for many years compared with the severe forms of it experienced twenty to thirty years ago, and earlier.

Diphtheria was slightly more prevalent than in recent years, 407 cases being notified, among which ten deaths occurred, the fatality rate thus being low. The Isolation Hospital admitted 431 cases with 12 deaths, as cases were admitted from outside the city, including the Forces. About half the total cases occurred in October, November and December, and as the Isolation Hospital was then very busy, the Bestwood Hospital was opened for overflow accommodation. The statistics show how precious life is being wasted by diphtheria, for none of the fatal cases had received antitoxin prior to admission, and five of the deaths took place within 24 hours of admission. If these cases had been diagnosed and treated properly with antitoxin a few days earlier they would not have died.

Actually they need never have had diphtheria at all, for they could have been immunized against it by a simple process. Owing to a change in public sentiment about immunization, probably due to the war-time outlook, the time was considered opportune to launch a campaign in the schools, and in the infant welfare centres. This was commenced and met with a ready response, which has continued in the year 1941, two doctors being specially engaged in 1941 to cope with the demand for immunization. Up to the end of 1940 only about 1,000 had been immunized under the public scheme, but by the middle of 1941 the numbers had risen to 20,743. It will be some time before the full effect of this will be seen on the amount of diphtheria prevalent in the city, but it may be opportune to quote the experience of the City of Newark, New Jersey, U.S.A.

Dr. C. V. Craster, the Medical Officer of Health of that city, reports that in 1940 not a single case of diphtheria was recorded, whereas in 1929 there were 1,717 cases with 96 deaths. Between 1929 and 1940 mass immunization of the child population had been carried out. We can look forward confidently to the day when Nottingham will also be quite clear of this dread and fatal disease, if only the parents will avail themselves of the facilities freely offered.

Enteric Fever was represented by only eight notifications, nearly all of the paratyphoid B variety, with no deaths. Three other cases were admitted to hospital from other areas. No common factor was ever discovered to account for the paratyphoid B infections. The one case of true typhoid undoubtedly received the infection outside Nottingham.

Enteric Fever will, undoubtedly, be one of the risks of war-time. No one need have it at all, as complete protection can be given by a process of immunization, as in the Army. Anyone desiring the protection can be given it free of charge by Health Department doctors on written application to the Medical Officer of Health.

Measles and Whooping-cough were prevalent, and as these diseases became notifiable in October 1939, it is possible to report 3,572 notifications of measles, with only five deaths, and 543 notifications of whooping-cough, with five deaths. Hospital accommodation is not necessary for the vast majority of these cases, and, in fact, is not available. 109 measles and a number of complicated cases of whooping-cough were admitted to the Isolation Hospital because of special need, and these were sufficient to cause difficulties over bed accommodation.

Cerebro-spinal Fever showed a serious rise, as was expected, for it usually does spread in war-time, particularly among the Forces. This generally happens when the rules of bed-spacing and proper ventilation either are forgotten or cannot for some reason be obeyed in barracks, billets or hutments.

58 cases were notified in the city, with 15 deaths, but of 45 cases admitted to the Isolation Hospital, only seven died, and this excellent result was due to the clever use of a recently discovered drug (" M & B 693 "). This drug proved remarkable in its action and has completely revolutionised the treatment of this disease, which formerly was of such a fatal character. Dr. Don, who is in charge of infectious disease prevention, and is also Medical Superintendent of the Isolation Hospital, says that the speed of recovery was astonishing, and many went home three weeks after admission and some were well enough to go even earlier.

THE CITY ISOLATION HOSPITAL.

Last year the report gave particulars of the many ways in which this hospital has in recent years been brought up-to-date in buildings and equipment. During 1940 the new home for the nursing staff was opened, and a very beautiful place it is. The Administration Block was then altered very considerably so as to give greatly improved sleeping accommodation for the domestic staff. This hospital must now be considered in most respects in line with modern hospital standards, with one exception, namely, that there is no cubicle block for individual isolation ; this great need was about to be dealt with when war interrupted further progress, but no time should be lost in providing a cubicle block when conditions permit.

Owing to the improvement in the living accommodation for the staff, and the provision of a lecture-room, equipped with models, charts and a good supply of demonstration equipment generally, it became possible to apply to the General Nursing Council for recognition of the hospital as a training school for Fever Nurses. This recognition was finally given after the hospital had been inspected on behalf of the General Nursing Council, a requirement being the appointment of a suitable Tutor Sister. This requirement was fulfilled by the appointment of Sister E. M. Roberts.

TUBERCULOSIS.

The following account is very largely extracted from the report of Dr. J. V. Whitaker, the Tuberculosis Officer.

During 1940 no important change took place in the administration of the tuberculosis scheme, either at Forest Dene Clinic or at either of the two hospitals. The following figures give some evidence of the increased work done at the clinic during recent years :—

Number of Cases of Tuberculosis on Clinic Register on 31st December.

1937	..	..	904
1938	..	..	1,014
1939	..	..	1,191
1940	..	..	1,212

The influx of evacuees, the discharge from the services of a few men found to be tuberculous, and the discovery of a very few cases by the local medical boards, have all slightly contributed to the increase during 1940.

Although the figure does not by any means represent the whole of the work done by the tuberculosis officers on behalf of the medical boards, the total number of men examined at Forest Dene *primarily* at the instance of the medical boards during 1940 was 108. Of these a diagnosis of tuberculosis was confirmed in only 8 or 7·4%. The Welsh National Memorial Association have obtained a corresponding figure of 6%.

It is suggested that this figure is at any rate sufficiently small as to afford evidence of a fairly thorough initial " combing-out " of the city for cases of tuberculosis.

Attention is being paid to the development of the newer methods of miniature photography of the screen image in the mass examination of recruits. At present, for technical reasons which need not be set out in detail, it is not proposed to take up this line of work.

On behalf of the Air-Raid Precautions Department, the tuberculosis officers accepted responsibility for the distribution of the two special types of respirator intended for invalids—the helmet type and the type with an outlet valve—to all cases in need who are resident within the city. Apart from our own tuberculous patients, the types of case dealt with include bronchial asthma, heart disease, severe anaemia, and other conditions associated with breathlessness. In the non-tuberculous cases the patient's own medical practitioner usually furnishes the requisite certificate. At the time of writing, 199 special respirators have been issued.

Every effort is being made to prevent infective tuberculous cases from spreading the disease in public air-raid shelters. To this end, where possible, a basement room is

strengthened and provided with the necessary exits in the patient's own home. The staff of the City Engineer's department has carried out this work.

During the year the tuberculosis officers have devoted not a little time to the question of the incidence of pulmonary tuberculosis in workers in particular industries. This enquiry may provide facts on which to take action of a preventive nature, but the evidence has to be carefully sifted and hasty conclusions avoided. There is nothing yet to publish.

Mr. Geo. A. Mason, F.R.C.S., continues to visit Nottingham periodically from Newcastle-on-Tyne, and he undertakes whatever consulting and thoracic operative treatment may be required. The operations are performed by him at the City Hospital, as formerly by the late Mr. O'Shaughnessy, thus continuing to make available for the citizens of Nottingham this modern development of the surgery of the chest.

Attention must once again be drawn to the very urgent matter of waiting-lists of both male and female cases, but particularly the latter. It is quite common for a particular patient to be obliged to wait months rather than weeks. This difficulty has confronted the tuberculosis officers during the whole year and with unremitting and truly disheartening persistence. The opening of Newstead Sanatorium is, therefore, eagerly awaited.

On the 1st November Dr. G. O. A. Briggs joined our staff as Medical Superintendent of the new Newstead Sanatorium. Dr. Briggs is at present preparing to furnish and equip the sanatorium and to staff it.

Summary of Tuberculosis Statistics.

TUBERCULOSIS DEATH-RATE (NOTTINGHAM).

Ten years' average 1929-38—	
Respiratory only	0·83
All forms of Tuberculosis	0·98
For 1940—	
Respiratory only	0·82
All forms of Tuberculosis	1·03

NEW CASES (including primary notifications, cases not notified during life but first intimated by death returns, and transfers from other areas) :—

Pulmonary :	Males 119	Females 119
Non-pulmonary :	,, 33	,, 29

DEATHS.

Pulmonary :	Males 128	Females 89
Non-pulmonary :	,, 26	,, 28

No. of persons on clinic register on 31st December 1940 = 1,212
No. of X-ray examinations in connection with clinic work = 2,715

Patients admitted to Institutions.

City Isolation Hospital :

Males	67	Pulmonary.
Females.. ..	55	
Children ..	11	
	133	
Children ..	1	Non-pulmonary.

City Hospital :

Males	144	Pulmonary.
Females.. ..	67	
Children ..	5	
	216	
Males	13	Non-pulmonary.
Females.. ..	13	
Children ..	9	
	35	

Cases admitted to outside sanatoria :

Males	3	Pulmonary.
Females.. ..	11	
Children ..	3	
	17	
Males	0	Non-pulmonary.
Females.. ..	0	
Children ..	6	
	6	

CARE OF THE BLIND.

The total number of blind persons on the register on 31st December 1940 was 514, three less than in 1939 and eight less than in 1938.

The Royal Midland Institution for the Blind continues to carry out blind welfare duties on behalf of the Corporation in a highly satisfactory manner. The only changes to record during 1940 were in respect of the money grants made to various classes of blind persons which, in recent years, have been the subject of almost constant increase. The cost to the Corporation during the year ending March 31st, 1941, stands at £21,895 subject to certain adjustments.

ULTRA-VIOLET RAY CLINIC.

The year was a normal one.

CREMATION.

The Medical Officer of Health or his Deputy must examine all documents and certify their satisfaction therewith before cremation at Wilford Hill is allowable.

They were called upon to do this 401 times in 1940. Cremations are gradually increasing in number year by year; the number in the previous year was 290. Since the opening in 1931 there have been 1,882 cremations.

VENEREAL DISEASES.

The clinic work of Dr. A. V. Taylor and his colleagues is still being carried on in the unsatisfactory temporary premises in Postern Street; the new clinic building in Glasshouse Street has not been begun because of the war.

The number of patients is much the same as last year, but the number of attendances made by them continues to fall. This may be because of the new treatment for gonorrhoea, which requires a less number of visits for treatment. This is being experienced all over the country. To some extent the fall in attendances is considered to be due to the nature of the premises, which are unsatisfactory in position as well as in character.

		1938.	1939.	1940.
No. of Patients	Males ..	1,482	1,212	1,202
	Females	475	456	451
No. of Attendances	Males ..	35,033	24,562	20,746
	Females	17,313	13,611	9,597

The small special hospital at Greendale House, Gregory Boulevard, continues successfully as a place for the confinement of women and for the in-patient treatment of women and young girls.

It must not be forgotten that many victims of venereal disease are innocent of any moral delinquency, but suffer because of the misconduct of others. There is every reason why persistent and scientific methods must be

adopted to control these diseases, which, if untreated, or insufficiently treated, leave so much physical and mental trouble behind them. Venereal diseases still provide one of the major problems of the day.

CITY BACTERIOLOGICAL LABORATORY.

The laboratory examined 23,999 specimens, of which 10,184 were in connection with venereal disease, 12,763 in connection with infectious disease generally, including food and water examinations, while 1,052 came within the definition of clinical pathology. The work was performed on behalf of municipal and county services and for medical practitioners.

CYRIL BANKS,
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Health Department,
Huntingdon Street,
Nottingham.

September, 1941.

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